Case Name:

ounty will fill out this section.

## Medi-Cal can ask for a birth record for people born in California — for free!

## Here's how:

- Fill out this form. Type or print neatly.
- If you need more than **two** birth records, fill out another form.
- Take or mail your completed form to your local social services office.

We may not be able to get the birth record you are asking for. If this happens, you must provide other proof of citizenship.

If we get the birth record you are asking for, you must still provide proof of identity.

	Today's date:	Month:			Day:	Year:
	. casy o date.				y·	rour.
	Name of person filling out this form	First:			Middle:	Last:
	Whose birth record do you want?					
	Birth name:	First:			Middle:	Last:
	If this person was adopted, write					
	adopted name:	First:		ı	Middle:	Last:
	Sex	Boy	Girl			
	Date of birth:				_	
	Date of birth:	Month:			Day:	Year:
	City and County of birth:	City:		ı	California cour	nty:
	Made to the second					
	Mother's maiden name	First:			Middle:	Last:
	Father's name	First:			Middle:	Last:
	Birth Certificate # (if you know it)					
	Name of <i>next</i> person whose birth					
	record you want? Birth name:	First:			Middle:	Last
-	If this person was <b>adopted</b> , write	<b>-</b> : .				
	adopted name:	First:			Middle:	Last
	Sex	Boy	Girl			
	Date of birth:	Month:			Day:	Year:
Ì	2 4.0 0. 5.1.1.1	WOTALI.			Day.	, our
	City and County of birth:	City:			California cour	nty:
	Mother's maiden name	First:			Middle	Look
	Wouler's maiden name	rirst:			Middle:	Last:
	Father's name	First:			Middle:	Last:
	Birth Certificate # (if you know it)					